

# RANGE AND MANEUVER AREA REQUEST

<b>TO:</b> Cdr, CAS Bn ATTN: ATZC-B-C Range Scheduling FAX (915) 569-9557 (DSN 979)	<b>THRU:</b>	<b>FROM:</b>	<b>Date Submitted:</b>
			<b>Date Rec at Scheduling:</b>

ARMY \_\_\_\_\_ USAF \_\_\_\_\_ USMC \_\_\_\_\_ USN \_\_\_\_\_ RESERVE \_\_\_\_\_ NG \_\_\_\_\_ OTHER \_\_\_\_\_

DATE	Occupation Times	Range or Area	Weapon	AMMO/Pyro (DOBIC & Type)	PURPOSE	FIRING TIMES	ILLUM	MAX ORD for ART	# OF PERS

REMARKS: (Aerial Targets, Special Target Requirements, Area & Time of Target Presentation, etc.)

POC: (Print Name/Rank)

Phone Number:

FAX Number:

SIGNATURE

DATE:

## CO-USE INFORMATION

POC: (Print Name/Phone #) (Signature)	Unit	Date	Area(s)	# Pers	Vehicles